

05-15-00

AMENDMENT TRANSMITTAL

GAV 2786

TOWNSEND and TOWNSEND and CREW LLP
 Two Embarcadero Center, 8th Floor
 San Francisco, California 94111-3834
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In re application of: PHILIP S. GREEN

Application No.: 08/709,930

Filed: September 9, 1996

Group Art Unit: 2786

For: SURGICAL SYSTEM

Assistant Commissioner For Patents
 Washington, D.C. 20231

Attorney Docket No.	0287S-004820US
Client Ref No.	P-3026
Date:	May 11, 2000
I hereby certify that this is being deposited with the U.S. Postal Service as EXPRESS MAIL NO. EL525625964 in an envelope addressed to:	
Assistant Commissioner for Patents Washington, D.C. 20231	
Signed:	
LONI M. CUMMINGS	

MAY 23 2000
GROUP 2700

RECEIVED

Sir:

Transmitted herewith is an AMENDMENT with Appendix D in the above-identified application.

[X] Enclosed is a DECLARATION BY J. KENNETH SALISBURY, JR. IN SUPPORT OF PROSECUTION OF U.S. PATENT NO. 08/709,930.

[X] Appendices A-C.

[X] SMALL ENTITY STATUS of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor.
 The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	32*	MINUS	** 20	= 12	
INDEP. 14* MINUS *** 3 = 11					
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY	
RATE	ADDIT. FEE
x \$9.00 =	\$108.00
x \$39.00 =	\$429.00
+ \$130.00 =	
TOTAL ADDITL. FEE	\$537.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] NO FEE IS DUE.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee \$ 537.00.
ONE extra copies of this sheet are enclosed.

[X] Any additional fees associated with this paper or during the pendency of this application.

TOWNSEND and TOWNSEND and CREW LLP


 MARK D. BARRISH
 Reg. No.: 36,443
 Attorneys for Applicant